



## Waiver of Liability, Assumption of Risk, Indemnity Agreement, and Grant of Rights

This release and waiver of liability (the "release") is for:

Participant's Name(s): \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration for being permitted to participate in the events and programs of the Autism Society of Greater Phoenix (hereinafter "Activity" or "Activities"), including, but not limited to the following,

**Any Programs hosted by Autism Society of Greater Phoenix; these include but are not limited to Monthly Parent Support Meetings, Educational Workshops and Social Events hosted for families including but not limited to Halloween events; Holiday Parties; Picnics, and any other social events.**

**Waiver:** I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge Autism Society of Greater Phoenix, its Board or employees, and agents from liability from any and all claims connected to personal injury, accidents or illnesses (including death), and property loss or property damage arising from, but not limited to, participation in Activities associated with this agreement.

**Assumption of Risks:** Participation in Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains while participating in the Activity or after the Activity is completed to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, choking and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD Autism Society of Greater Phoenix and their officers, employees, and agents, and the city where said Activities are held HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**Photography Rights:** I grant and convey to the Autism Society of Greater Phoenix, their officers, employees, and agents the right to use any photographs, video, audio, or quotes from me in conjunction with my participation in the Activities noted above.

**Severability:** The undersigned further expressly agrees that the foregoing agreement is intended to be as broad and inclusive as is permitted by the law of the State of Arizona and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, indemnity, and grant of rights agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature for this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (If applicable)

\_\_\_\_\_  
Date